SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT MAR 12 2012

Bayfield Co., Zoning Dept.

Amount Paid: Permit #: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL BEDARTE CONSTRUCTION UNTIL 1isiv)

Water	What Type of Sewer/Sanitary System	Wh Sewer/S	Q, #	- Ilcp	ries	# of Stories	Project	Value at Time of Completion
, and the second								X Non-Shoreland
Yes	e: ☐Yes feet Xuo	Distance Structure is from Shoreline :	Distance Str	Pond or Flowage If yescontinue —	Lake, Pond If yes	ithin 1000 feet of	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Shoreland —
Are Wetlands Present?	e: Is Property in feet Floodplain Zone?	Distance Structure is from Shoreline:		If yes—continue —	iver, Strean If yes	ithin 300 feet of R de of Floodplain?	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	
7,27	10t Size 782x Acreage	2833	BAYFIELD	Town of:	€	N, Range	Section 16 , Township 50 N, Range 4	Section 16
	Subdivision:	Block(s) No.	Lot(s) No.	Vol & Page	WSC (s)	Gov't Lot Lot(s)		S/W 1/4, S/E 1/4
perty Ownership)	Volume 1062 4645	PIN: (23 digits) 04-006-2-50-04-16-4 03-000-40000 Volu	5-64	6-2-50-	PIN: (23 digits)	se Tax Statement)	Legal Description: (Use Tax Statement)	PROJECT LOCATION
No	Attached ☐ Yes KNo	·	×/		XI/A		0	Z
Written Authorization		Agent Mailing Address (include City/State/Zip):	Agent Mailing Add	115-779-347	215-73 Agent Phone:	pehalf of Owner(s))	Contractor: TETFEUSON CARDENTE-P Thorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: STEFFUS STATES STATES
414-303-0197	44-30a	H1845	H	SAYFIELO WI	City/State/Zip:	ROAD	Lbd STAR ROUTE ROAD	Address of Property:
44-856-0317	E	SOUTH MILWAUKEE		TH WANT ST.	711 WAY	T NEP	H. ROGER & SHARON L. SCHANER	N. ROGER & St
OTHER	□ B.O.A.	□ SPECIJ	CONDITIONALUSE	Ŋ	SANITARY		TYPE OF PERMIT REQUESTED—▶ ☐ LAND USE	YPE OF PERMIT REG
(deo /Samo)	Website www.bayitesucou	HOW DO I FILL OUT THIS APPLICATION (VISIT OUT WEDSITE WWW.DRSTTEICHEDUILS)-018, Commissioners	OW BO I FILL OUT		O APPLICAN	HAVE BEEN ISSUED T) NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	NOT START CONSTRUC

	Height:	Width: 26		Length: 36		ction;	Proposed Construction:
	Height:	Width:		Length:	r is relevant to it)	Existing Structure: (if permit being applied for is relevant to it)	Existing Structure
		X None					6
		☐ Compost Toilet			□ Foundation	Property	
	ontract)	Portable (w/service contract)	X None		□ No Basement	🗌 Run a Business on	X3/1000
- The state of the	ulted (min 200 gallon)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)			□ Basement	Relocate (existing bldg)	
	cify Type:	☐ Sanitary (Exists) Specify Type:	3	N GRAMA	☐ 2-Story	□ Conversion	0000
□ Well	zify Type:	☐ (New) Sanitary Specify Type:	□ 2	☐ Year Round	▼ 1-Story + Loft	☐ Addition/Alteration	
City		☐ Municipal/City	1	□ Seasonal	□ 1-Story	X New Construction	
Water	ype of ary System roperty?	What Type of Sewer/Sanitary System Is on the property?	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	Value at Time of Completion * include donated time & material
							X Non-Shoreland
Yes	□ Yes Kino	Distance Structure is from Shoreline :	Distance Struc	Pond or Flowage If yescontinue —>	1000 feet of Lake, Pon	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Shoreland —
Are Wetlands Present?	Is Property in Are Floodplain Zone?	Distance Structure is from Shoreline : feet	Distance Struc	If yes—continue—	300 feet of River, Stream of Floodplain?	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	
	2000	9¢ % % & & &					

Principal Structure (first structure on property) See_AcessSS - Square Dimensions Footage		×	-	Other: (explain)		
Principal Structure (first structure on property) See Acess Scars Dimensions		×	_	Conditional Use: (explain)		
Proposed Structure Proposed Structure Proposed Structure Dimensions		×	-	Special Use: (explain)		
Principal Structure (first structure on property) See Acessory Building Addition/Alteration (specify) Cooking & food prep facilities) Cooking & Cooking		Verifica and a second a second and a second		A significant and a significan		
Principal Structure (first structure on property) See Aces SSCASS Max		×	_	Accessory Building Addition/Alteration (specify)		
Principal Structure (first structure on property) Principal Structure (first structure on property) See Aces \$5 cm See X	1008	0 × 2 × 2		Accessory Building (specify) 36 x 28 GNRAGE & WORK SHOP	×	☐ Municipal Use
Principal Structure (first structure on property) Principal Structure (first structure on property) See Aces \$5 cm See X		×	-	Addition/Alteration (specify)		
Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) With a Porch With a Porch With a Deck With (2 nd) Deck With Attached Garage Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) Dimensions (×	-	Mobile Home (manufactured date)		
Y Principal Structure (first structure on property) See Acess of Type (and the property) X) □ Residence (i.e. cabin, hunting shack, etc.) (X) with Loft (X) with a Porch (X) with (2 nd) Porch (X) with a Deck (X) with (2 nd) Deck (X) with Attached Garage (X)		×		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		
Principal Structure (first structure on property) (See Aces SS con S of X) Residence (i.e. cabin, hunting shack, etc.) (x) with Loft (x) with a Porch (x) with (2 nd) Porch (x) with a Deck (x) with (2 nd) Deck (x)		×	-	with Attached Garage		Commercial Use
✓ Principal Structure (first structure on property) See Age 155 cm 15 left X 1 □ Residence (i.e. cabin, hunting shack, etc.) (1 X (1 X) with Loft with a Porch (1 X) with (2 nd) Porch (1 X) with a Deck (1 X)		×		with (2 nd) Deck		
Y Principal Structure (first structure on property) See Acess of See (x x x x x x x x x x x x x x x x x x		×		with a Deck		
Principal Structure (first structure on property) (See Acess Scrubbled) X) Residence (i.e. cabin, hunting shack, etc.) (X) with Loft (X)	- Contract	×		with (2 nd) Porch		
Principal Structure (first structure on property) (See Aces SS on Structure (X) Residence (i.e. cabin, hunting shack, etc.) With Loft Dimensions □ Residence (i.e. cabin, hunting shack, etc.) See Aces SS on Structure (X) □ Residence (i.e. cabin, hunting shack, etc.) (X)		×	-	with a Porch		🔀 Residential Use
Proposed Structure Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) Proposed Structure Proposed		×		with Loft		•
Proposed Structure Proposed Structure Proposed Structure Principal Structure (first structure on property) Proposed Structure		×		Residence (i.e. cabin, hunting shack, etc.)		
→ Proposed Structure Dimensions		×			×	and the second s
	Squa Foota	imensions	ם ס	Proposed Structure	۷	Proposed Use

Owner(s):

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Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) I (we) declare that this application (including any am (are) responsible for the detail and accuracy of may be a result of Bayfield County relying on the above described property at any reasonable time. FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

ny accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) yor all information I (we) and [are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the performance of inspection.

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Address to bend permit Approrized AFT (If you are signing JII WALKA gning on behalf of the owner(s) a letter of authorization must accompany this N SOUTH MULWAUKEE HA

> Date March 8, 2012

Date

Attach
Copy of Tax Statement
of your recently purchased the property send your Recorded D 58 J. Hys

MERRIS 2006

SEPP CE ANTE FLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Issuance Information (County Use Only) Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the owner Setback to Septic Tank or Holding Tank
Setback to Drain Field Please complete (1) - (7) above (prior to continuing) Permit Denied (Date): Permit #: Granted by Variance (B.O.A.)
☐ Yes ☐ No CARDON REQUIREMENTS & THE Inspection Record THE MUIOSED Shockwar A Condition(s):Town, Committee or Board Condition

GNUG-VILLE MAY NOT TE USED Date of Inspection: Was Parcel Legally Created XYes □ No Was Proposed Building Site Delimeated XYes □ No Signature of Inspector: Smirt, Stricture, (8) Show any (*): Show any (*): STAR Show Location of:
Show / Indicate:
Show Location of (*): (9) Show: Show: Setbacks: (measured to the closest point) waw or Sketch your Property (regardless of what you are applying for) 18 Stake or Mark Proposed Location(s) of New Construction, Septic Tack (ST), Drain red (DF), Holding Lank (HT), Privale), and Wat (W). Description NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. 5-19-12too wide Property ROUTE Case #: & posturals □Yes (Deed of Record)
□ Yes (Fused/Contiguous Lot(s))
□ Yes Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% ROPL 7 5-0-5 Attached? I re FORT WAS BE ISSUED 1220 Sanitary Number: Measurement 5 Permit Date: Reason for Denial: 200 Inspected by: XXC ડુ જી SACROTE TO CONTRACTOR! 如 8 િ Hold For Affidavit: 122 المقاد ال tot to Feet Feet Feet Feet Feet 大変奏 PROPERTY N N N No -(If No they need to be attached.) Ş A Mitigation Required Mitigation Attached indary line from which the setback must be measured must be Setback from the River, Stream, Creek Setback from the Bank or Bluff # * possible wet and Previously Granted by Variance (B.O.A.) Elevation of Floodplain Setback from Wetland *
Setback from 20% Slope Area Setback from the Lake (ordinary high-water mark) Were Property Lines Represented by Owner
Was Property Surveyed 200 ack to Well as was Changes in plans must be approved by the Planning & Zoning Dept. S. B. D. S. # of bedrooms: Description Hold For Fees: □ Yes Residence EXISTING DRIVE Totore. BILL SAKE No No ARTHUCKEN, 1 36 3 \$ \$ \$ 3 Skiviales STATE OF Affidavit Required Affidavit Attached 5 Sanitary Date: Zoning District Lakes Classification Date of Re-Inspection: 3 _ PER CLUMB ĝ Date of Approval: 5 5 A N A 2 C 2 C MUNIC D さらなった。 Measurement □ Yes 父生物 (* f (orne 2 7-14-12 ner to the No Feet Feet Feet Feet Feet Feet

Hold For Sanitary:

Hold For TBA:

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